PTO/SB/01 (03-01)
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| ΡΕΟΙ ΔΡΑΤΙΟΝ ΕΩΡ ΙΙΤΙΙ                                                                                                                                                                                                                                                          | ITV OD                                                                            | Attorney Docke                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Attorney Docket Number |                          | 06242 USA                |  |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------------------|--------------------------|--|--|--|--|--|
| DECLARATION FOR UTILITY OR DESIGN                                                                                                                                                                                                                                               |                                                                                   | First Named In                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ventor                 | Charles Michael Bi       | rtcher                   |  |  |  |  |  |
| PATENT APPLICATI                                                                                                                                                                                                                                                                |                                                                                   | CC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | COMPLETE IF KNOWN      |                          |                          |  |  |  |  |  |
| (37 CFR 1.63)                                                                                                                                                                                                                                                                   |                                                                                   | Application Nun                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | nber                   |                          |                          |  |  |  |  |  |
| Declaration Declar                                                                                                                                                                                                                                                              | Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required) | Filing Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        |                          |                          |  |  |  |  |  |
| Submitted OR Submi                                                                                                                                                                                                                                                              |                                                                                   | Group Art Unit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                        |                          |                          |  |  |  |  |  |
| Filing (37 ČF                                                                                                                                                                                                                                                                   |                                                                                   | Examiner Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                        |                          |                          |  |  |  |  |  |
| As a below named inventor, I hereby declare that:                                                                                                                                                                                                                               |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                          |                          |  |  |  |  |  |
| My residence, mailing address, and citizens                                                                                                                                                                                                                                     | ship are as stated                                                                | d below next to my nam                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | €.                     |                          |                          |  |  |  |  |  |
| I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:          |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                          |                          |  |  |  |  |  |
| Cabinet For Chemical Delivery With                                                                                                                                                                                                                                              |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | rit is sought c        | on the invention entitle | ea:                      |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                 | e em em e ung.                                                                    | ı <b>.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        |                          |                          |  |  |  |  |  |
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| (Title of the Invention)                                                                                                                                                                                                                                                        |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                          |                          |  |  |  |  |  |
| (Title of the Invention) the specification of which                                                                                                                                                                                                                             |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                          |                          |  |  |  |  |  |
| x is attached hereto                                                                                                                                                                                                                                                            |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                          |                          |  |  |  |  |  |
| OR                                                                                                                                                                                                                                                                              | ***************************************                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                          |                          |  |  |  |  |  |
| was filed on (MM/DD/YYYY) as United States Application Number or PCT International                                                                                                                                                                                              |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                          |                          |  |  |  |  |  |
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| Application Number and was amended on (MM/DD/YYYY) (if applicab                                                                                                                                                                                                                 |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                          | (if applicable).         |  |  |  |  |  |
| I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above                                                                                         |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                          |                          |  |  |  |  |  |
| acknowledge the duty to disclose information which is material to natentability as defined in 37 CER 1.56 including for continuation                                                                                                                                            |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                          |                          |  |  |  |  |  |
| in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.                                                                   |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                          |                          |  |  |  |  |  |
| I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s). or 365(a) of any PCT international application which designated at least one country other |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                          |                          |  |  |  |  |  |
| than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the      |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                          |                          |  |  |  |  |  |
| application on which priority is claimed.  Prior Foreign Application Number(s) C                                                                                                                                                                                                | ountry                                                                            | Foreign Filing Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |                          | Certified Copy Attached? |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                 |                                                                                   | (MM/DD/YYYY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | NOL Claime             | YES                      | NO                       |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                 | e ere i filikki feredere                                                          | VA ANTA COMPANYA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | H                      |                          | H                        |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                 | r anger con annual services.                                                      | Williamong                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | H                      |                          |                          |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                 |                                                                                   | in dispersion of the second of | H                      |                          |                          |  |  |  |  |  |
| Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:                                                                                                                                                             |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                          |                          |  |  |  |  |  |

| DECLARATION — Utility or Design Patent Application                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |  |             |              |                |                              |  |
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| I lirect all correctonadence to: IX I                                                                                                                                                                                                                                                                                                                                                                                                                                     | ustomer Num<br>Bar Code La |  |             | <br> 3       |                | Correspondence address below |  |
| Air Products and Chemicals, Inc. Name                                                                                                                                                                                                                                                                                                                                                                                                                                     |                            |  |             |              |                |                              |  |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                            |  |             |              |                |                              |  |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                            |  |             |              |                |                              |  |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                            |  |             | State Z      |                | ZIP                          |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ountry Telephone           |  | }           | F            |                | Fax                          |  |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. |                            |  |             |              |                |                              |  |
| NAME OF SOLE OR FIRST INVENTOR:                                                                                                                                                                                                                                                                                                                                                                                                                                           |                            |  |             |              |                |                              |  |
| Given Name (first and middle [if any]) Charles Michael Family Name Birtcher or Surname                                                                                                                                                                                                                                                                                                                                                                                    |                            |  |             |              |                |                              |  |
| Inventor's<br>Signature Date                                                                                                                                                                                                                                                                                                                                                                                                                                              |                            |  |             |              |                |                              |  |
| Valley Center<br>Residence: City                                                                                                                                                                                                                                                                                                                                                                                                                                          |                            |  | CA<br>State |              | JSA<br>Country | USA<br>Citizenship           |  |
| 30653 Rolling Hills Dr.<br>Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |  |             |              |                |                              |  |
| Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                            |  |             |              |                |                              |  |
| Valley Center<br>city                                                                                                                                                                                                                                                                                                                                                                                                                                                     | CA<br>State                |  |             | 92082<br>ZIP |                | USA<br>Country               |  |
| NAME OF SECOND INVENTOR:                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                            |  |             |              |                |                              |  |
| Given Name (first and middle [if any]) Martin Castaneda Family Name or Surname Martinez                                                                                                                                                                                                                                                                                                                                                                                   |                            |  |             |              |                |                              |  |
| Inventor's<br>Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                            |  |             |              |                | Date                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                            |  | CA<br>State |              | USA<br>Country | USA<br>Citizenship           |  |
| 1679 Avenida Guillermo<br>Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |  |             |              |                |                              |  |
| Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                            |  |             |              |                |                              |  |
| Oceanside<br>City                                                                                                                                                                                                                                                                                                                                                                                                                                                         | CA<br>State                |  |             | ZIP          | 9205           | 6 USA<br>Country             |  |
| Additional inventors are being named on the 1_supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.                                                                                                                                                                                                                                                                                                                                                    |                            |  |             |              |                |                              |  |

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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## **DECLARATION**

## ADDITIONAL INVENTOR(S) Supplemental Sheet Page \_1\_ of \_1

| Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor |                                               |                        |                                  |  |  |  |  |
|--------------------------------------------------------------------------------------------------|-----------------------------------------------|------------------------|----------------------------------|--|--|--|--|
| Given Name (first and middle [if any]                                                            | <u>i)                                    </u> | Family Name or Surname |                                  |  |  |  |  |
| Thomas Andrew                                                                                    |                                               | Steidl                 |                                  |  |  |  |  |
| Inventor's<br>Signature                                                                          |                                               |                        | Date                             |  |  |  |  |
| Escondido<br>Residence: City                                                                     | CA<br>State                                   | USA<br>Country         | USA<br>Citizenship               |  |  |  |  |
| Mailing Address 2928 Anaheim Street                                                              |                                               |                        |                                  |  |  |  |  |
| Mailing Address                                                                                  |                                               |                        |                                  |  |  |  |  |
| City Escondido                                                                                   | CA<br>State ZIP 92025 USA<br>Cour             |                        | 5 USA<br>Country                 |  |  |  |  |
| Name of Additional Joint Inventor, if an                                                         | ıy:                                           | A petition has been    | filed for this unsigned inventor |  |  |  |  |
| Given Name (first and middle [if any]                                                            | )                                             | Family Name or Surname |                                  |  |  |  |  |
| Gil                                                                                              |                                               |                        | /ivanco                          |  |  |  |  |
| Inventor's<br>Signature                                                                          |                                               |                        | Date                             |  |  |  |  |
| San Diego<br>Residence: City                                                                     | CA<br>State                                   | USA<br>Country         | USA<br>Citizenship               |  |  |  |  |
| Mailing Address 3828 Mission Boulevard                                                           |                                               |                        |                                  |  |  |  |  |
| Mailing Address                                                                                  |                                               |                        |                                  |  |  |  |  |
| San Diego<br>City                                                                                | CA 92109 USA<br>State ZIP Cou                 |                        | 109 USA<br>Country               |  |  |  |  |
| Name of Additional Joint Inventor, if any:                                                       |                                               |                        |                                  |  |  |  |  |
| Given Name (first and middle [if any])                                                           | j                                             | Family Name or Surname |                                  |  |  |  |  |
| David James                                                                                      |                                               | Silva                  | Silva                            |  |  |  |  |
| Inventor's Signature Date                                                                        |                                               |                        |                                  |  |  |  |  |
| San Diego<br>Residence: City                                                                     | CA<br>State                                   | USA<br>Country         | USA<br>Citizenship               |  |  |  |  |
| Mailing Address 11081 Negley Avenue                                                              |                                               |                        |                                  |  |  |  |  |
| Mailing Address                                                                                  |                                               |                        |                                  |  |  |  |  |
| San Diego                                                                                        | CA<br>State                                   | 92                     | 2131 USA                         |  |  |  |  |

Burden Hour Statement. This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time, you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington DC 20231. DO NOT SEND FEES OR COMPLETED. FORMS TO THIS ADDRESS, SEND TO. Assistant Commissioner for Patents. Washington, DC 20231.